Maryland Task Force to Study Electronic Health Records

Proposed 2-Year Focus

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March 6, 2006

Presentation Overview

- Brief review of our mandate
- A suggested approach for the work of the Task Force
- Rationale in support of the Task Force serving as a subcontractor for the RTI contract

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Maryland's Task Force to Study Electronic Health Records

- Established by 2005 legislation (SB 251)
- A two-year examination of the current use and potential expansion of electronic health records in Maryland
- Twenty-six members:
  - Twenty appointed by the Governor to represent a broad range of provider and consumer interests.
  - Six representing the Maryland Senate and the House of Delegates, the Office of the Attorney General, the Johns Hopkins and the University of Maryland Schools of Medicine, Veterans Administration.

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Senator Paula Hollinger Introduced SB 251

The bill was unopposed, and supported (as drafted, or with amendment) by the following:

- MD/DC Collaborative for Healthcare Information Technology
- EDS
- Greater Washington Board of Trade
- MD State Dental Association
- Health Facilities Association of MD
- MD Community Health Systems
- Kaiser Permanente
- Mid-Atlantic LifeSpan
- CareFirst Blue Cross Blue Shield
- MD State Department of Education
- MD Psychiatric Society
- MD Department of Health and Mental Hygiene
- MD Board of Pharmacy
- University of MD School of Medicine
- Johns Hopkins Medicine

Amendments Affecting Membership

- *Added to the ex-officio members:* the Attorney General or his designee, and the Director of the VA Maryland Health Care System or his designee;
- *Added to the members appointed by the Governor:* "one representative of a Federally Qualified Health Center," "one nonhospital-based psychiatrist," and "one licensed dentist."
- *Amended already-proposed representation:* to require that both representatives of the MD Hospital Association be from community hospitals; to add a second representative from a nursing home or long-term care facility; and required the "one licensed physician" to be nonhospital-based and have "expertise in the subject matter."

Functional Amendments

- As originally drafted, SB 251 directed the Task Force to "study electronic health records and the current and potential expansion" of the use of electronic health records in the State, including:
  - Electronic transfer;
  - Electronic prescribing;
  - Computerized physician order entry, and
  - The cost of implementing those three practices in Maryland
- Amendments to the bill expanded the areas of study to include the impact of current use and the potential expansion of electronic health records on
  - School health records, and
  - Patient safety

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Key Activities

In pursuing its legislative mandate to study the "potential expansion" of use of EHRs in Maryland, the Task Force will:

- evaluate potential obstacles to establishing a secure, effective, and interoperable system for the electronic exchange of health information in Maryland; and
- recommend broad policies related to the ownership of this vital and personal information, as well as its privacy, security, identity, authentication, and use.

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Getting Started
The Approach

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Task Force Workgroups

Establish three workgroups – each tasked with exploring specific activities mandated by SB 251:

Workgroup 1: Electronic Patient Information

- Electronic Health Records
- Electronic Medical Records
- Personal Health Records

Workgroup 2: Computerized Prescribing

- E-prescribing
- Computerized Physician Order Entry

Workgroup 3: Infrastructure Management & Policy Development

- Health Information Exchange

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Workgroup
Focus Points

- Current use
- Potential expansion
- Cost
- Benefits – Patient safety, school health records
- Obstacles
- Risks

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Coordinating the Workgroups

MHCC to facilitate work activities of the Workgroups:

- Facilitate communications between participants of the Workgroups
- Guide the development of work products
- Provide limited funding for research and report writing activities

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Task Force Role

RTI Subcontract

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Rationale –Task Force Participation of the RTI Subcontract

- SB251 calls for us to evaluate:
  - Obstacles to EHRs and interconnected healthcare
  - Policies concerning privacy, security, identity and authentication
- The lack of public trust in interconnected HIT is the primary obstacle to its success:
  - TennCare
    - Concerns re privacy impeding success of statewide EHR system
  - IDC's Health Industry Insights
    - 86% of consumers surveyed were somewhat or very concerned about the industry's ability to protect the privacy of health information
  - Consumer Reports – "The New Threat to Your Medical Privacy"

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The new threat to your medical privacy

A national system of electronic medical records could easily save your life. And it could also jeopardize the security of your personal health information.

Let's say you have a heart attack. You could be swooshing down the water slide at Walt Disney World's Typhoon Lagoon, teeing off at the 16th hole at Pebble Beach, or raking leaves in your backyard.

Your odds of survival would soar because the emergency-room computer would let the doctor on duty connect to the Internet, type in a password, and with a few clicks, view your medical history. He could see your most recent test and lab results, a list of your allergies, and all your medications. With all that information, he could begin treating you immediately.

That scenario is not science fiction. The federal government is fostering the creation of a national system of electronic health records (EHRs) under the leadership of David Brailer, a 46-year-old physician and former software company CEO who is now at the U.S. Department of Health and Human Services. His charge: to help build the National Health Information Network, which will electronically connect all patients' records to health-care providers, insurers, pharmacies, labs, and claims processors by 2009.

The network's potential to save money, to make medical care more efficient, and to lower the incidence of deadly drug reactions and interactions has spurred state government agencies, foundations, HMOs, PPOs, and hospital chains to develop their own electronic records systems, some of which are already up and running. "Electronic health records will reengineer health care in a way that will save thousands of lives and billions of dollars," Brailer says.

But troubling questions come with the promises. Will such private information be safeguarded from marketers who might want to sell you a new drug to treat your asthma, or from fund-raisers who target you because the diagnosis of your new disease diagnosis might encourage you to contribute?

Could computer hackers or pranksters release the information onto the Internet, where your co-workers could learn, say, that you are being treated for alcoholism? Might your record become available to potential employers or lenders who decide that you're not healthy enough to perform the job or handle a 30-year mortgage? And will you be able to control who has access to or find out who has viewed your medical records?

Brailer says that consumers will be able to see their records and correct errors (assuming that they can decipher the medical gobbledygook). But the cost to consumers remains unclear. Brailer initially told us that consumers will pay an access fee. But he later said that access would be free. Jim Pyles, a Washington, D.C., constitutional lawyer and privacy expert, objects. "There is no reason there should be access to your records without your consent unless required by law or your life is in jeopardy," he says, "and you certainly should not have to pay for access to your own information."

CR Quick Take

The federal government, states, HMOs, and PPOs are developing a system to store and link the medical records of every American. The network would allow medical providers and insurers, among others, to view records and enter information. The ramifications:

- Doctors could provide better care by instantly viewing medical histories.
- The network could save money by eliminating duplicate tests.
- Health officials could quickly spot adverse drug reactions and epidemics.
- But marketers could target patients with specific diseases to sell them drugs or to solicit for related charities.
- In the absence of safeguards, lenders and employers could use medical records to

What rights you are signing away at the doctor's office

Chances are that in the last few years, you've been asked to endorse dozens of so-called privacy agreements while sitting in doctors' waiting rooms. Under the provisions of the Health Insurance Portability and Accountability Act (HIPAA), health-care providers have the right to share your data for several purposes: to treat you, which means, for example, they may discuss your case and send data about you to a radiologist about which ankle to X-ray to

Rationale for RTI Subcontract

- The lack of public trust in interconnected HIT is the primary obstacle to its success
  - TennCare
    - Concerns re privacy impeding success of statewide "EHR" system
  - IDC's Health Industry Insights
    - 86% of consumers survey were "somewhat or very concerned about the industry's ability to protect the privacy of health information
  - Consumer Reports – "The New Threat to Your Medical Privacy"
- Participating as a subcontractor
  - Will help to create the knowledge base to build public trust
  - Will help to create the gap analysis to improve that trust
  - Similar work to what we would be doing anyway
  - Adds funding to pay for research / writing that could also be used to satisfy our mandate under SB251

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Wrap-Up

- Questions / comments on work of task force
- Questions / comments on workgroups
- Questions / comments on RTI contract to be discussed during agenda item #5

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